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IMPROVING PRACTICE BASED LEARNING FOR FELLOWS IN TRAINING WITH CARDIOLOGY'S FIRST AMBULATORY QUALITY IMPROVEMENT REGISTRY: OBSERVATIONS FROM THE AMERICAN COLLEGE OF CARDIOLOGY'S PINNACLE REGISTRY

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Background: Practice-based learning is one of the six core competencies that define excellence both in training of physicians and in the provision of health care. The Practice INNOvation And CLinical Excellence (PINNACLE) Registry is the first ambulatory registry of cardiac care and is a component of the National Cardiovascular Data Registry (NCDR). St. John Hospital and Medical Center cardiology fellows participate in this registry and are the first trainees nationally to do so.

Methods: A data collection form (DCF) is completed for each patient encounter by all the 12 participating St. John cardiac fellows for standardized collection and reporting on coronary artery disease, atrial fibrillation, heart failure and hypertension. The DCF was piloted in 9/2009 and used in all patient encounters since 7/1/2010. The fellows have twice completed a survey to assess the impact of the DCF, analyzed their own data and the quarterly reports provided by the registry.

Results: As of November, 2011, St. John cardiology fellows completed 2104 out of the over 2 million DCF's in the entire registry. During the initial survey in January, 2011, the fellows had an average 5.8 patients /clinic. Average time to complete the DCF was 5 minutes. There were overall 17% errors in completion of the DCF. Comparing the performance of St. John fellows on 28 practice indicators of performance (e.g. medication usage, lipid assessment), the fellows performed above median national average 89% of the time. Gaps were identified where the fellows fared poorly (e.g. advance care plan, cardiac rehab referral). Several QI projects have been generated (e.g. improvement in cardiac rehab referral after educational intervention, impact of implementation of electronic health records on reducing errors in filling DCF and improving indicators of performance) and will be presented.

Conclusions: Participation in PINNACLE Registry is recommended as it helps fellows structure clinic visits, identify key clinical parameters for the 4 cardiac conditions, measure key practice/system based learning, improve patient care, and improve a registry of national importance.